

REQUEST FOR DEQ WASTE & UNDERGROUND TANK MANAGEMENT BUREAU FILE INFORMATION

Name:		
Company / Organization:		
	Phone:	
City:	State:	Zip:
<u>-</u>		ch detail as possible. If you require ur request, please call.
File name(s) (if known):		
Site name:		
Site or property location City:		County:
Landmarks:	Legal Description:	
Site/Property Owner or Operator:		
If this applies to any documents you request, you the reason for non-disclosure.)	you will be advised of the ge	: (Some documents may not be disclosed under law. neral nature of information to be withheld, if any, and
	be necessary to allow st	taff time to review files for confidential brain files archived in another building.
Signature: Date:		
reasonably possible. If you have any questions	s about the status of your req	d Tank Management Bureau will provide it as soon as uest, or have a deadline you would like us to consider, or you may also FAX this form to 406/444-1374.
Effective January 1,	2016	This Box for State Use Only
Thank you for your interest in the Mont Environmental Quality (DEQ) records. The S reasonable charge for copies and staff time sp copies. DEQ's policy states all fees must be released and at present policy allows for the	State of Montana allows a pent to compile and make e paid before records are the following charges:	date received: managed by: response due by:
Actual hourly rate of staff fulfilling the reque information, research, copying, scanni *\$.10 per sheet of paper to	ing, legal review);	Hrs. spent: Org Unit:

*Actual cost of CD's, postage, and other mailing materials